

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004687

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1121

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
16 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis - Little Rock
Hospitals, Inc.Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4943 WinonaReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alvin(Elvin)

O.

Wakeford

4. DATE OF DEATH

Month

Day

Year

January

25,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-9-1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

Engineering

11. BIRTHPLACE (City and state or country)

Canada

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Alfred Wakeford

13b. MOTHER'S MAIDEN NAME

Margaret Ferguson

14. NAME OF HUSBAND OR WIFE

Lucille Wakeford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lucille Wakeford 4943 Winona Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Stomach

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 9, 1962 to January 25, 1962 last saw her alive on Jan. 25, 1962

Death occurred at 12:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal(Mtr)

23b. DATE

Jan. 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Upper Alton Cemetery

23d. LOCATION (City, town, or county)

Alton, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser Mortuary - St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 25 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.